

## Abstract

The care of old, chronically ill people is predominately carried out by the relatives at home and thus connected with diverse stress factors which can cause negative changes in well-being. Coping mechanisms provide explanations for the fact that people, in spite of similar crises, differ very much in their coping with the burdens of nursing. One aim of this study is to examine the function of assimilative (tenacious goal pursuit) and accommodative (flexible goal adjustment) coping styles (Brandtstädter & Renner, 1990) of relatives who care for patients with dementia. Particular attention is given to the question whether a flexible accommodative coping style buffers the negative care-based changes in well-being. Especially with irreversible losses like dementia this can be expected. In recent years it has been emphasised in the literature that the nursing situation leads not only to a stress and relief dimension but also to positive consequences (e.g. Kramer, 1997). Relatives report that they grew personally more mature and gained a better idea of what is important in life. This is why this study pursues the question whether a long period of caring for dementia patients contributes to a personality growth among their relatives. Growth models of personality development provide the theoretical background. These models assume that changes in personality occur as a consequence of developmental tasks. Finally the interaction between coping, personality development, and the subjective well-being is examined. A mature and complex idea of one's person possibly supports the effectiveness of accommodative coping because processes of reorientation and reappraisal become easier.

The two cross-sectional studies to hand are part of the research project LEANDER (Longitudinal Study of the Burden of Nursing Relatives of Dementia Patients; see Zank & Schacke, 2004) which is financed by the Federal Ministry of Family, Seniors, Women and Youth. In the Study 1 ( $N=126$ ) hypotheses are tested to concern assimilative and accommodative coping style (Brandtstädter & Renner, 1990) and cognitive complexity as an indicator for growth of personality development. These data have only been collected through this sample. In the second part (Study 2;  $N=859$ ) domain-specific measurements are employed: *Accommodation in Caring* (after Pearlin et al., 1990) and *Personality Growth through Care* (after Ryff, 1989).

First of all in Study 1 the question was examined what effects the well-being in respect of the two coping styles (tenacious goal pursuit and flexible goal adjustment) and *in combination with the* stressors (lack of social recognition, morbidity, and changes in the behaviour of the patients). The results prove the buffering effect of the accommodative coping style. Moreover it became apparent that those relatives, whose well-being was strongly

affected by the stressors, were the most tenacious and at the same time less accommodative. The vulnerability of the well-being can be compensated, when a relative is tenacious and has similarly an accommodative coping style. A shortened form of the sentence completion test according to Hy and Loewinger (1996; WUSCT) had been chosen as an indicator for personality growth (cognitive complexity). After controlling the fluid and crystallised intelligence a significant correlation became evident between the cognitive complexity and the scale *Growth of Personality Development through Care*. Both indicators are predictable through a long-term care. Furthermore it is demonstrated that an accommodative coping style correlates especially with the well-being of the cognitive complex personalities.

In Study 2 the domain-specific scales *Accommodation in Caring* and *Personality Growth through Care* have been examined more closely. Both scales correlate, but they are factor-analytically separable from each other and predict the subjective feeling (hedonistic) of well-being differently. LISREL- analyses reveal that *Personality Growth through Care* in contrast to *Accommodation in Caring* is predictable by looking at the duration of the care and lack of social recognition. Moreover there is a path from personality growth over care-specific accommodation to depression, in which care-specific accommodation predicts less depression. This result allows for the interpretation that the adaptive effect of accommodative coping in care develops personality growth. This interpretation is supported by the significant result of an interaction analysis. Care related accommodation predicts especially little depression when relatives report significant personality growth. The result with the domain-specific indicators is in accordance with the results from study 1 concerning the cognitive complexity and the accommodative coping style. Finally it is evident that the negative influences (lack of social recognition and changing behaviour of the patients) on the depression of the relatives are alleviated through *care-specific accommodation*.